

Kansas Medical Assistance Programs

Provider Line: 1-800-933-6593
Consumer Line: 1-800-766-9012

P.O. Box 3571, Topeka KS 66601-3571
Prior Authorization: 1-800-285-4978 or 785-274-5499
Prior Authorization Fax Lines: 1-800-913-2229 or 785-274-5956

CYCLOXYGENASE (COX) II INHIBITORS PRIOR AUTHORIZATION REQUEST

Drug(s) that require PA: Celecoxib (Celebrex®)

CONSUMER INFORMATION

** Name: _____ Medicaid ID #: _____

PHARMACY INFORMATION

**Name: _____ Phone Number: _____

**Medicaid Number: _____ Fax Number: (_____) _____

**Drug Name: _____ NDC Code: _____

Reference Number: _____

PRESCRIBING PHYSICIAN INFORMATION

**Name: _____ Provider Medicaid ID#: _____

**Phone Number: (_____) _____ Fax Number: (_____) _____

MEDICAL NECESSITY INFORMATION (65 years of age or older do not require PA.)

Consumer is < or = to 64 on date of service and requires anti-inflammatory analgesia with one or more of the following (please check):

☐ Documented history of GI bleed, gastric duodenal ulcer, peptic ulcer disease (PUD), erosive or NSAID-associated gastritis, GERD, or hiatal hernia. **Please circle above conditions.**

☐ Documented history of GI irritation. **Please list clinical symptoms:** _____

☐ Concurrent use of anticoagulants (such as warfarin, heparin) or oral corticosteroids in last 31 days. Please list medication: _____

☐ Familial adenomatous polyposis (FAP), Celebrex only

☐ Diagnosis of Osteoarthritis (OA)

☐ Diagnosis of Rheumatoid Arthritis (RA)

Prescribing Physician's Signature: _____ Date: ____/____/____

Completed form should be faxed to the Prior Authorization Unit at 1-800-913-2229.

This form will be returned unprocessed if it is not completed in its entirety.

If a case has been started and the information requested is not received within 15 working days, the case will be denied.